

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 2 8

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.260

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ (475)

b. FFY 04 \$ (680)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-D, pages 1 &amp; 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-D, pages 1 &amp; 2

*Iowa (02-028)*  
*approved: 02/27/03*  
*effective: 12/01/02*

10. SUBJECT OF AMENDMENT:

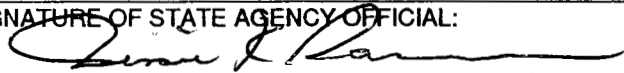
The reimbursement for individual providers of medical transportation is being reduced from 29 cents per mile to 20 cents per mile. Also updates state plan to reflect that Iowa no longer contracts with providers of transportation.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

12-24-02

16. RETURN TO:

Director  
Department of Human Services  
Hoover State Office Building  
Des Moines, Iowa 50319-0114

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/31/02

18. DATE APPROVED

FEB 21 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

12/01/02

20. SIGNATURE OF REGIONAL OFFICIAL

  
ARA for Medicaid & Children's Health

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid &amp; Children's Health

23. REMARKS:

cc:  
SA  
SMD  
CO  
DSG/DIATA

SPA CONTROL

Date Submitted: 12/26/02

Date Received: 12/31/02

## METHODS OF PROVIDING TRANSPORTATION

1. Ambulance service is a covered service under the plan, subject to the limits in Item 18a of Attachment 3.1-A.
2. Recipients are reimbursed for costs associated with medical transportation, subject to the following conditions:
  - a. The source of necessary medical care is located outside the town or city limits of the community in which the recipient resides, or  
  
The recipient resides in a rural area and must travel to a city or town to receive necessary medical care.
  - b. The specific type of medical care required by the recipient is not available in the community in which the recipient resides, e.g., the recipient requires the services of a physician or a hospital and there is no physician or hospital in the recipient's community, or the recipient has been referred by the attending physician to a specialist in another community. Payment is not approved for transportation when the recipient prefers to receive service from a vendor in another community, but the same type of service is locally available and there is no medical reason why services from the out-of-town vendor are necessary.
  - c. The local office has established that there is no resource available to the recipient through which necessary transportation might be secured free of charge.
  - d. Transportation may be of any type and may be provided from any source. If transportation is by car, the maximum payment which may be made is the actual charge made by the provider for transportation to and from the source of medical care, but not in excess of the rate per mile of 20¢ per mile. If public transportation, e.g., bus, is used, the basis of payment shall be the actual charge made by the provider of transportation. When public transportation is reasonably available to or from the source of care, it must be used.
  - e. For a child too young to travel alone or an adult or a child who by reason of physical or mental incapacity is unable to travel without an escort, payment may be made to meet the transportation costs of the escort subject to the same conditions as for the person requiring medical services.

## METHODS OF PROVIDING TRANSPORTATION

- f. Payment for transportation to receive necessary medical care is made by the Department directly to the recipient except when the provider of transportation is a Department volunteer.

TN No. MS-02-28  
Supersedes TN No. MS-90-18

Effective 12/01/02  
Approved FEB 27 2003